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Image# 201507069000057444

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other Than An A	uthorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type	12FE4M5	5 500 5111y	
COMMITTEE (in full)		over the lines.	L	1211111		
Kentucky Medical	Association PAC(Kentu	ıcky Physicians P	AC Feder	al-KPPAC	C Federal)	1
ADDRESS (number and str						
Check if different than previously				10/		
reported. (ACC)	Louisville			KY	46220	
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY 🛦	S	TATE 🛦	ZIP COD	E 🛦
C C00016444	3.		NEW N) OR	AM (A)	IENDED	
4. TYPE OF REPOR	Report	eb 20 (M2)	May 20 (M5)	Aug	_ ((()	Nov 20 (M11) Non-Election Year Only)
(a) Quarterly Reports		1ar 20 (M3)	Jun 20 (M6)	Sep	20 (1110)	Dec 20 (M12) Non-Election Year Only)
April 15		pr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Re July 15	(c) 12-Day	Primary (12F	2)	General ((12G) F	Runoff (12R)
Quarterly Re October 15	port (Q2) Report for the:	Convention (12C)	Special (12S)	
Quarterly Re January 31	port (Q3)	M M /	D D /	Y Y Y Y	in the	
Year-End Re	port (1L)	ction on			State of	
X July 31 Mid- Report (Non- Year Only) (I	election (d) 30-Day	General (300	ā)	Runoff (3	0R) S	Special (30S)
Termination I (TER)	Report	etion on	D D /	Y Y Y Y Y	in the State of	
5. Covering Period	01 01 / Y Y Y 2015		M M M 06	/ 30 /	2015	
I certify that I have exami	ned this Report and to the best	of my knowledge and I	pelief it is true	e, correct and	d complete.	
Type or Print Name of Tre	easurer Nancy Swikert MD					
Signature of Treasurer	Nancy Swikert MD	[Electronicall	v Filed] Da	ate 07	/ D D / Y	2015
NOTE: Submission of false.	, erroneous, or incomplete informa	tion may subject the per	son signing thi	s Report to th	ne penalties of 2 U.	S.C. §437a.
Office					FEC FORM	
Use Only					Rev. 12/200	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 66953.35 January 1, 2015 (b) Cash on Hand at 66953.35 Beginning of Reporting Period..... 26080.07 26080.07 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 93033.42 93033.42 6(a) and 6(c) for Column B)..... 19188.04 19188.04 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 73845.38 73845.38 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal)

Report Covering the Period: From: 01	01 2015 To:	06 30 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18509.00	18509.00
(ii) Unitemized(iii) TOTAL (add	6567.00	6567.00
Lines 11(a)(i) and (ii)▶	25076.00	25076.00
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	1000.00	1000.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	26076.00	26076.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4.07	4.07
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
(from Schedule H3)		0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	26080.07	26080.07
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	26080.07	26080.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Endoral Sharo	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	16688.04	16688.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	16688.04	16688.04
. Transfers to Affiliated/Other Party	10000.01	10000.0
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	1500.00	1500.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19188.04	19188.04
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19188.04	19188.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26076.00	26076.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26076.00	26076.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	16688.04	16688.04
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	16688.04	16688.04

Use separate schedule(s) for each category of the

	_	LINE	:	PAGE	:	6	OF	31	
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 2015 16 City State Zip Code Transaction ID: SA11AI.5970 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Ralph Alvarado MD Date of Receipt Mailing Address 3520 McClure Road 04 15 2015 City State Zip Code Transaction ID: SA11AI.6028 Winchester KY 40391 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Winchester Medical Associates Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Donald Barton MD Date of Receipt Mailing Address 1014 Circle Drive 04 05 2015 City Zip Code State Transaction ID: SA11AI.6053 KY Corbin 40701 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Retired Physician Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the Detailed Summary Page

_	FOR LINE NUMBER:					7	OF		31	
(check	(check only one)									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

\geq		AC(Kentucky Physicians PAC Fed	deral-KPPAC Federal)
Α.	Full Name (Last, First, Middle Initial) Doctor James F. Beattie Jr, MD		Date of Receipt
	Mailing Address 796 Grider Pond Rd		04 10 _ 2015 _
	City Bowling Green	State Zip Code KY 42104	Transaction ID : SA11AI.5993 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation Physician	
	Bowling Green Associated Pathologists Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Doctor David J. Bensema MD Mailing Address 2108 Woodmont Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lexington	State Zip Code KY 40502	Transaction ID : SA11Al.6025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	875.00
	Name of Employer Central Baptist Hospital	Occupation Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
_	Full Name (Last, First, Middle Initial) Doctor Marian E. Bensema MD		Date of Receipt
Ο.	Mailing Address 2108 Woodmont Drive		04 13 2015
	City Lexington	State Zip Code KY 40502	Transaction ID : SA11AI.6026 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	875.00
	Name of Employer	Occupation	
	Pathology & Cytology Labs Receipt For:	Physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
s	UBTOTAL of Receipts This Page (optional)	>	2750.00

Use separate schedule(s) for each category of the Detailed Summary Page

١	FOR LINE NUMBER:					PAGE		8	OF	31
	(check only one)									
	×	11a		11b		11c		12		
		13		14		15		16		17

Full Name (Last, First, Middle Initial) Frank Burns MD Mailing Address 301 Pepperbush Road		Date of Receipt
0.1	7. 0. 1	05 07 2015
City	State Zip Code KY 40207	Transaction ID : SA11AI.6068
Louisville	K1 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Doctor J. Gregory Cooper MD		Date of Receipt
Mailing Address 386 Culpepper Drive		04 15 2015
City	State Zip Code	04 15 2015 Transaction ID : SA11AI.6040
Cynthiana	KY 41031	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	
Family Care Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		B
Doctor Robert H. Couch MD		Date of Receipt
Mailing Address 10606 Hobbs Station Road		04 13 _2015 _
City	State Zip Code	Transaction ID : SA11AI.6024
Louisville	KY 40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
Southern Emerg Med Specialists PSC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	1000.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15	16	3	17

Full Name (Last, First, Middle Initial) Doctor John P. Eldridge MD Mailing Address 534 Fincastle Lane		Date of Receipt
		06 04 2015
City	State Zip Code	Transaction ID : SA11AI.6085
Ft. Wright	KY 41011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
St. Elizabeth Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Doctor Gregory Gleis MD	1	Date of Receipt
Mailing Address 531 Primrose Way		M = M / D = D / Y = Y = Y
City	State 7in Code	06 08 2015
City Louisville	State Zip Code KY 40206	Transaction ID : SA11AI.6087
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Doctor Linda Gleis MD	1	Date of Receipt
Mailing Address VAMC PM & R (117) 800 Zorn Ave		06 08 2015
City	State Zip Code	Transaction ID : SA11AI.6088
Louisville	KY 40206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor William C. Harrison MD		Date of Receipt
Mailing Address 4045 Foxtail Place		05 07 2015
City	State Zip Code	Transaction ID : SA11AI.6065
Owensboro	KY 42303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
RIC	Radiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Kenneth Hughes MD	·	Date of Receipt
Mailing Address 1611 Fincastle Road		05 06 2015
City	State Zip Code	Transaction ID : SA11AI.6059
Lexington	KY 40502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer	Occupation	-
Kentucky Ear Nose & Throat	Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Doctor David S. Kirn MD		Date of Receipt
Mailing Address 1230 Belmar Ln		05 06 2015
City	State Zip Code	Transaction ID : SA11AI.6063
Lexington	KY 40515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	····	1525.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	. 1	11	OF	31		
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NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Federal)

/ Keritucky wiedicał Associatio	in PAC(Kentucky Physicians PAC Fe	ederal-NEFAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor Eric Lydon MD		Date of Receipt
Mailing Address 2000 Long Knife Ct		03 16 2015
City	State Zip Code	Transaction ID : SA11AI.5972
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Central Psychiatric Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Doctor Eric Lydon MD		Date of Receipt
Mailing Address 2000 Long Knife Ct		04 15 2015
City	State Zip Code	Transaction ID : SA11AI.6030
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Central Psychiatric Services	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. Doctor Eric Lydon MD		Date of Receipt
Mailing Address 2000 Long Knife Ct		05 15 2015
City	State Zip Code	Transaction ID : SA11AI.6071
Louisville	KY 40207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Central Psychiatric Services	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	1)	300.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	: ′	12	OF	31
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or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Doctor Eric Lydon MD Mailing Address 2000 Long Knife Ct City Louisville FEC ID number of contributing federal political committee. Name of Employer Central Psychiatric Services Receipt For: Primary General Other (specify)	State Zip Code KY 40207 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Mrs. Carolyn Martin Mailing Address 5788 Brookstone Drive City Cinncinnati FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OH 45230 C Occupation Homemaker Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05 04 2015 Transaction ID : SA11AI.6055 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Doctor Kevin Martin MD Mailing Address 5788 Brookstone Dr City Cincinnati FEC ID number of contributing federal political committee. Name of Employer The Cranley Surgical Associates Receipt For: Primary General Other (specify)	State Zip Code OH 45230-3596 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	er only)	1100.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	•	13	OF	31
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Full Name (Last, First, Middle Initial) Mrs. Geraldine Montgomery Mailing Address 6414 Stinespring Dr		Date of Receipt
C:4.	Chata 7: Cada	03 19 2015
City Paducah	State Zip Code KY 42001-8674	Transaction ID : SA11AI.5982
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 875.00
Name of Employer	Occupation	
Retired - Self	Homemaker	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Doctor Wally Montgomery MD		Date of Receipt
Mailing Address 117 N 2nd St Ste 2202		03 19 _2015 _
City	State Zip Code	03 19 2015 Transaction ID : SA11AI.5981
Paducah	KY 42001-0741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	875.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	
Full Name (Last, First, Middle Initial) Mrs. Kimberly Moser	ı	Date of Descipt
Mailing Address 3216 High Ridge Dr		Date of Receipt
32 to Fight Riage Dr		05 15 2015
City	State Zip Code	Transaction ID : SA11AI.6072
Taylor Mill	KY 41015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self-employed	Homemaker	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Kimberly Moser Date of Receipt Mailing Address 3216 High Ridge Dr 2015 City State Zip Code Transaction ID: SA11AI.6094 KY Taylor Mill 41015 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Self-employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 05 15 2015 City State Zip Code Transaction ID: SA11AI.6073 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Neal J. Moser MD Date of Receipt Mailing Address 3216 High Ridge Drive 06 15 2015 City Zip Code State Transaction ID: SA11AI.6095 KY Taylor Mill 41075 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation St. Elizabeth Physicians Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 31 Use separa for each ca Detailed Su

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	nd Statements may not be sold or used by any person the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Kentucky Medical Association	n PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) A. Doctor Eric Neils MD		Date of Receipt
Mailing Address 904 Squire Oaks Dr		04 10 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.5994
Villa Hills	KY 41017-1371	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Radiology Assoc of No KY	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Mr. Patrick T. Padgett		Date of Receipt
Mailing Address 8422 Biggin Hill Lane		06 15 2015 _
City	State Zip Code	7 Transaction ID : SA11Al.6097
Louisville	KY 40220	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Kentucky Medical Association	Occupation EVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Doctor Andrew R. Pulito MD	<u> </u>	Date of Receipt
Mailing Address 809 Westchester Drive		04 01 2015
City	State Zip Code	Transaction ID : SA11AI.5983
Lexington	KY 40502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
University of Kentucky	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	l) >	2000.00
TOTAL This Period (last page this line num	ber only)	
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)

Kentucky Medical Association PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial)	

/						
Α.	Full Name (Last, First, Middle Initial) Steven Reiss MD		Date of Receipt			
	Mailing Address 7 Rockledge Drive	04 06 _ 2015 _				
	City	State Zip Code	Transaction ID : SA11AI.5986			
	Louisville	KY 40222				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00			
	Name of Employer	Occupation				
	Baptist Neurological Surgery	Physician				
	Receipt For:					
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
- R	Full Name (Last, First, Middle Initial) John Rhodes MD		Date of Receipt			
٠.	Mailing Address 3615 Woodside Place		·			
	Maining Address 5015 Woodside Place		05 04 _ 2015 _			
	City	State Zip Code	Transaction ID : SA11AI.6057			
	Louisville	KY 40222	Amount of Each Receipt this Period			
		IOLLE	Amount of Lacif Neceipt this Feriou			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer	Occupation				
	Retired	Retired Physician				
	Receipt For:					
	Primary General	Aggregate Year-to-Date ▼				
	Other (specify) ▼	250.00				
С .	Full Name (Last, First, Middle Initial) John Rhodes MD	•	Date of Receipt			
	Mailing Address 3615 Woodside Place		05 07 2015			
	City	State Zip Code	Transaction ID : SA11AI.6066			
	Louisville	KY 40222	Amount of Each Receipt this Period			
	FEC ID number of contributing	0				
	federal political committee.	C	275.00			
	Name of Employer	Occupation				
	Retired	Retired Physician				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General	Aggregate Tour to Bate V				
	Other (specify) ▼	525.00				
	·					
5	SUBTOTAL of Receipts This Page (optional).	<u> </u>	825.00			
1	TOTAL This Period (last page this line number	er only)				

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Rhonda K. Rhodes Date of Receipt Mailing Address 3615 Woodside Place 04 2015 City State Zip Code Transaction ID: SA11AI.6058 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Homemaker Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mrs. Rhonda K. Rhodes Date of Receipt Mailing Address 3615 Woodside Place 05 07 2015 City State Zip Code Transaction ID: SA11AI.6067 KY Louisville 40222 Amount of Each Receipt this Period FEC ID number of contributing 275.00 federal political committee. Name of Employer Occupation Self-Employed Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor George B. Sonnier MD Date of Receipt Mailing Address 6410 Lime Ridge PI 80 04 2015 City State Zip Code Transaction ID: SA11AI.5991

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SUBTOTAL of Receipts This Page (optional)			7			7	152	25.00	
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1000.00

40222

KY

С

Occupation Physician

Aggregate Year-to-Date ▼

1000.00

Amount of Each Receipt this Period

Louisville

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Primary

Self-Employed Receipt For:

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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Kentucky Medical Association	PAC(Kentucky Physicians PAC Fe	ederal-KPPAC Federal)
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Mailing Address 40003 Country Hills Ct		Date of Receipt
Mailing Address 10003 Country Hills Ct		03 16 2015
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.5976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Mailing Address 10003 Country Hills Ct		Date of Receipt
City Union	State Zip Code KY 41091	04 15 2015 Transaction ID : SA11AI.6034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer St Elizabeth Family Practice Residency	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 322.00	
Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD		Date of Receipt
Mailing Address 10003 Country Hills Ct		05 15 2015
City Union	State Zip Code KY 41091	Transaction ID : SA11AI.6075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	73.00
Name of Employer St Elizabeth Family Practice Residency Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 395.00	
SUBTOTAL of Receipts This Page (optional).	•	219.00
TOTAL This Period (last page this line number	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Donald Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 2015 City State Zip Code Transaction ID: SA11AI.6109 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation St Elizabeth Family Practice Residency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 468.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 03 16 2015 City State Zip Code Transaction ID: SA11AI.5977 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 249.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 04 15 2015 City Zip Code State Transaction ID: SA11AI.6035 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 С federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 322.00 Other (specify) 219.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE A (FEC Form 3X) ITEN

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Any in or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 2015 City State Zip Code Transaction ID: SA11AI.6076 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing C 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 395.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Nancy Swikert MD Date of Receipt Mailing Address 10003 Country Hills Ct 06 15 2015 City State Zip Code Transaction ID: SA11AI.6110 KY Union 41091 Amount of Each Receipt this Period FEC ID number of contributing 73.00 federal political committee. Name of Employer Occupation Retired Physician Retired Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 468.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Carolyn Watson MD Date of Receipt Mailing Address 2501 Kentucky Ave 2015 05 11 City State Zip Code Transaction ID: SA11AI.6069 KY Paducah 42003 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Physician Pathology Associates of Paducah PSC Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 446.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 04 02 2015 City Zip Code State Transaction ID: SA11AI.6119 Hazard KY 41702 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 04 16 2015 City State Zip Code Transaction ID: SA11AI.6047 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 05 15 2015 City Zip Code State Transaction ID: SA11AI.6079 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Physician Hazard Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 2015 29 City Zip Code State Transaction ID: SA11AI.6112 Hazard KY 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 425.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Mitchell Wicker MD Date of Receipt Mailing Address P.O. Box 719 06 25 2015 City State Zip Code Transaction ID: SA11AI.6113 KY Hazard 41702 Amount of Each Receipt this Period FEC ID number of contributing 75.00 federal political committee. Name of Employer Occupation Hazard Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor Fred Williams Jr., MD Date of Receipt Mailing Address 100 E Liberty St Ste 400 04 27 2015 City Zip Code State Transaction ID: SA11AI.6049 KY Louisville 40202-1434 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician **Endocrine & Diabetes Associates** Receipt For: Aggregate Year-to-Date ▼ Primary General

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250.00

Other (specify)

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Mrs. Sally Williams Date of Receipt Mailing Address 100 E Liberty St Ste 400 2015 27 City Zip Code State Transaction ID: SA11AI.6050 Louisville KY 40202-1434 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Retired - Self Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert Zoller MD Date of Receipt Mailing Address 6601 Mint Spring Branch Road 04 15 2015 City State Zip Code Transaction ID: SA11AI.6043 KY 40059 Prospect Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Information Requested Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... 18509.00 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) Kentucky Medical Association PAC(Kentucky Physicians PAC Federal-KPPAC Federal) Full Name (Last, First, Middle Initial) Citizens for Affordable Healthcare Date of Receipt Mailing Address C/O 375 Thomas More Parkway Suite 209 02 2015 City Zip Code State Transaction ID: SA11C.6115 KY Crestview Hills 41017 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or us		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			B (B)
A. Kentucky Medical Association (KM)	A)		Date of Disbursement
Mailing Address 4965 US Hwy 42			01 15 _2015 _
Suite 2000			
•	tate Zip Code KY 40222		Transaction ID : SB21B.5997
Purpose of Disbursement	10222		
Monthly Administration Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	670.00
Office Sought: House Disbursem	ent For: 2015	Туре	
	Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)	A \		Data of Disharmanian
B. Kentucky Medical Association (KM)	4)		Date of Disbursement
Mailing Address 4965 US Hwy 42 Suite 2000			01 31 2015
•	tate Zip Code		Transaction ID : SB21B.5999
Louisville Purpose of Disbursement	KY 40222		
Reimbursement for printing, postage, and conference	e call charges	001	Amount of Each Disbursement this Period
Candidate Name		Category/	897.01
Office Sought: House Disbursem	ant Fare 2015	Туре	037.01
	ent For: 2015 Primary General		
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Disharmanian
C. Kentucky Medical Association (KM)	A)		Date of Disbursement
Mailing Address 4965 US Hwy 42			02 15 2015
Suite 2000			
,	tate Zip Code KY 40222		Transaction ID: SB21B.6003
Purpose of Disbursement	10222		
Monthly Administration Fee		001	Amount of Each Disbursement this Period
Candidate Name		Category/	670.00
Office Sought: House Disbursem	ent For: 2015	Туре	
	Primary General		
President	Other (specify) ▼		
State: District:			
CURTOTAL of Dishursoments This Dane (actions)			2237.01
SUBTOTAL of Disbursements This Page (optional)		·····•	
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 26 OF 31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30
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NAME OF COMMITTEE (In Full)				
Kentucky Medical Association PAC	(Kentucky Physicia	ins PAC Fe	deral-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)				
A. Kentucky Medical Association (KM)	۹)		Date of Disburseme	nt
Mailing Address 4965 US Hwy 42			02 15	2015
Suite 2000				
,	State Zip Code KY 40222		Transaction ID : S	B21B.6004
Purpose of Disbursement	40222			
Reimbursement for shipping, lapel pins, board meet	ing expenses	001	Amount of Each Dis	bursement this Period
Candidate Name		Category/		2202.04
		Type		3393.84
	nent For: 2015			
	Primary General Other (specify)			
State: District:	Other (opcony)			
Full Name (Last, First, Middle Initial)				
3. Kentucky Medical Association (KM	A)		Date of Disburseme	nt
Mailing Address 4965 US Hwy 42 Suite 2000			03 15	2015
Louisville	State Zip Code KY 40222		Transaction ID : S	B21B.6015
Purpose of Disbursement Monthly Administration Fee		001	Amount of Each Dis	bursement this Period
Candidate Name		Category/ Type		670.00
Office Sought: House Disbursem	nent For: 2015			
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KM)	4)		Date of Disburseme	nt
Mailing Address 4965 US Hwy 42 Suite 2000			04 15	2015
,	ktate Zip Code KY 40222		Transaction ID : S	B21B.6120
Purpose of Disbursement April Administration Fee	40222			
Candidate Name		001 Category/ Type	Amount of Each Dis	bursement this Period 670.00
Office Sought: House Disbursem	nent For:	Турс		
	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			1 9	4733.84

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 27 OF 31
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	Detailed Summary Page	X 21b 27	22 23 28b 28b	24 25 26 28c 29 30b
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or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any politi	cai committee to	Solicit contributions ire	om such committee.
Kentucky Medical Association PAC	(Kentucky Physicia	ans PAC Fe	ederal-KPPAC F	ederal)
Full Name (Last, First, Middle Initial)	•)		Data of Distance	-1
A. Kentucky Medical Association (KM/	4)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			04 15	2015
•	State Zip Code KY 40222		Transaction ID : S	B21B.6121
Louisville Purpose of Disbursement	KY 40222			
Solicitation Mailing and Fedex expenses		003	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		3211.68
Office Sought: House Disbursem	nont For:	Туре		0211.00
Senate	Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
B. Kentucky Medical Association (KM/	A)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			05 15	2015
Louisville	State Zip Code KY 40222		Transaction ID : S	6B21B.6125
Purpose of Disbursement May Administration Fee		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		670.00
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Kentucky Medical Association (KMA	4)		Date of Disburseme	ent
Mailing Address 4965 US Hwy 42 Suite 2000			05 30	2015
•	itate Zip Code KY 40222		Transaction ID : S	SB21B.6126
Purpose of Disbursement Fedex Charges				
Candidate Name		001 Category/	Amount of Each Dis	sbursement this Period 43.98
Office Sought: House Disbursem	nent For:	Туре	7	7
Senate	Primary General Other (specify) ▼			
State: District:	- \-i-> - J / ▼			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				3925.66

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		Detailed Summary Page	X 21 27		23 24 25 26 28b 28c 29 30b	
Any info	ormation copied from such Reports and State	ements may not be sold or u	sed by any pe	rson for the p	urpose of soliciting contributions	
or for co	ommercial purposes, other than using the na					
I \	E OF COMMITTEE (In Full)	O///amturalmy Dhyraiai	DAO [
/ Kei	ntucky Medical Association PA	C(Kentucky Physici	ans PAC F	-ederai-Ki	PPAC Federal)	
	Name (Last, First, Middle Initial)			5		
A. Kei	ntucky Medical Association (KN	ΛA)		Date of I	Disbursement	
Mailing Address 4965 US Hwy 42			06	06 15 _2015 _		
	Suite 2000					
City Louis	sville	State Zip Code KY 40222		Transa	ction ID : SB21B.6130	
	ose of Disbursement	40222				
	e Administration fee		001	Amount of	of Each Disbursement this Period	
Cano	lidate Name		Category/		670.00	
Office	e Sought: House Disburse	ement For:	Туре	_	7	
0	Senate	Primary General				
	President	Other (specify) ▼				
State						
	Name (Last, First, Middle Initial)	40)		Date of I	Disbursement	
D. Ke	ntucky Medical Association (KN	//A)		M M	/ D D / Y Y Y Y	
Mailii	ng Address 4965 US Hwy 42 Suite 2000			06	15 2015	
City		State Zip Code		Transa	ction ID : SB21B.6131	
Louis Purp	ose of Disbursement	KY 40222		_		
Rei	mbursement for Conference Call Charges		001	Amount of	of Each Disbursement this Period	
Cano	lidate Name		Category/		29.62	
Office	e Sought: House Disburse	ement For:	Туре		7	
Onice	Senate	Primary General				
	President	Other (specify) ▼				
State		-				
	Name (Last, First, Middle Initial)			Date of I	Disbursement	
•. IVIO	untjoy Chilton Medley			M M	/ D D / Y Y Y Y	
Maili	ng Address 2000 Meidinger Tower			01	26 2015	
City	462 S Fourth Street	State Zip Code				
Louis	sville	KY 40202		Transa	ction ID : SB21B.6001	
	ose of Disbursement gress Billing 1 of Audit for year ending Dec 31,	2014				
	lidate Name	2014	001	Amount	of Each Disbursement this Period	
Ounc	ndate Name		Category/ Type		2075.00	
Office	e Sought: House Disburse	ement For: 2015			7	
	Senate	Primary General				
State	President District:	Other (specify) ▼				
State	. District.					
SUBTO	OTAL of Disbursements This Page (optional).				2774.62	
TOTAL	. This Period (last page this line number only	/)			7	

S ľ

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 29 OF 31	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 30b	
Any information copied from such Reports and Staten	nents may not be sold or use				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC F	Federal)	
Full Name (Last, First, Middle Initial)			5 . (5)		
A. Mountjoy Chilton Medley			Date of Disbursem		
Mailing Address 2000 Meidinger Tower			03 05 2015		
462 S Fourth Street	7'- 0-1-				
City S Louisville	State Zip Code KY 40202		Transaction ID:	SB21B.6016	
Purpose of Disbursement					
Progress Billing 2 for audit year ending Dec 31, 201	4	001	Amount of Each D	isbursement this Period	
Candidate Name		Category/		2100.00	
Office Sought: House Disburser	nent For: 2015	Туре		7	
Senate	Primary General				
President	Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
B. Wiser Strategies			Date of Disbursem	ent	
			M = M / D = D	/	
Mailing Address 2250 Mackey Pike			02 06	2015	
	State Zip Code KY 40356		Transaction ID :	SB21B.6007	
Nicholasville Purpose of Disbursement	40356				
Strategic Planning Presentation at Board Meeting		001	Amount of Each D	isbursement this Period	
Candidate Name		Category/		900.00	
Office Sought: House Disburser	nent For: 2015	Туре	,		
Senate	Primary General				
President	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
C.			Date of Disbursem	ent	
			M M / D D	/ Y Y Y Y Y	
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Each D	isbursement this Period	
Candidate Name Category/ Type					
Office Sought: House Disburser	nent For:	rype	7	7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				3000.00	
				4000110	
TOTAL This Period (last page this line number only)				16671.13	

SCHEDULE B (FEC Form 3X)		F05	NUMBER: PAGE 30 OF 31
TEMIZED DISBURSEMENTS	Use separate schedule(s)		
I EINITED DISDOUSEMENTS	for each category of the	21b	22 🔀 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30l
I Any information copied from such Reports and Statem	ents may not be sold or us	ed by any perso	on for the nurpose of soliciting contributions
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
/ Normality Wilder Addition 1710	(Itoritabity I Trybibla	110 1 710 1 0	dorai (1 / 10 / Odorai)
Full Name (Last, First, Middle Initial)			
Andy Barr for Congress			Date of Disbursement
NA 35 A 11 A 22 A 22 A 22 A 22 A 22 A 22 A 2			M M / D D / Y Y Y Y
Mailing Address PO Box 2059			03 17 2015
City	tate Zip Code		
·	KY 40588		Transaction ID: SB23.6017
Purpose of Disbursement			
Contribution to Andy Barr Campaign - Fundraiser		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
-m		Type	1000.00
	ent For: 2015		
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
ruii Name (Last, First, Middle Imital)			Date of Disbursement
•			M M / D D / Y Y Y Y
Mailing Address			W - W / D - D / Y - Y - Y - Y
S			
City	tate Zip Code		
Down and Dishows are at	1		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Lacit Dispulsement this Fellou
		Category/ Type	
Office Sought: House Disbursem	ent For:	1,700	7
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Mailing Address			
City	tate Zip Code		
,	F 3.555		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House	ant For:	Туре	
Office Sought: House Disbursem Senate	ent For: Primary General		
	Other (specify)		
State: District:	□ (opoon) / ▼		
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only).			1000.00

SCHEDULE B (FEC Form 3X)	Lico conorato achadula/a	FOR LINE I	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Kentucky Medical Association PAC	(Kentucky Physicia	ns PAC Fe	deral-KPPAC Federal)
Full Name (Last, First, Middle Initial)			
Robert Stivers for State Senate			Date of Disbursement
Mailing Address 207 Main Street			06 05 2015
,	state Zip Code		Transaction ID : SB29.6133
manone de	KY 40962		Halisaction ID . 3B29.0133
Purpose of Disbursement Campaign Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
X Senate	nent For: 2016 Primary General Other (specify)	Туре	
Full Name (Last, First, Middle Initial)			
B. Steve West Campaign Fund			Date of Disbursement
Mailing Address 202 Vimont Lane			02 24 2015
•	tate Zip Code KY 40361		Transaction ID : SB29.6010
Special Election Contribution to Steve West Campa	ign Fund	011	Amount of Each Disbursement this Period
Candidate Name Category/			500.00
Steve West Campaign Fund		Туре	000.00
Senate President	nent For: 2015 Primary General Other (specify) Special Control		
State: KY District: 27 Full Name (Last, First, Middle Initial)	Special-General	al	
			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		·······	1500.00
TOTAL This Period (last page this line number only).			1500.00